

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

Arkansans For Change

(b) Address (number and street) ☐ check if different than previously reported

3 Brixham Lane

(c) City, State and ZIP Code

Bella Vista

AR

72714

2. FEC Identification Number

C C00000000

(d) Name of Employer or Principal Place of Business

N/A

(e) Occupation

N/A

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

through

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y (b) Communication Title Who

0 4 / 2 7 / 2 0 1 0

6. The filer is a(n): (a) ☐ Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

8. Custodian of Records

(a) Name

Walter Hinojosa

(b) Address (number and street)

3 Brixham Lane

(c) City, State and ZIP Code

Bella Vista

AR

72714

(d) Name of Employer or Principal Place of Business

Arkansans for Change

(e) Occupation

Treasurer

9. Total Donations This Statement

150000.00

10. Total Disbursements/Obligations This Statement

199039.61

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Walter Hinojosa

SIGNATURE Electronically Filed by Walter Hinojosa

DATE 04/27/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

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